

DEPOSIT TO ACCOUNTS VOUCHER

Available at: www.ahfbaltic.org/alumnae



Alumnae Association
54 West Main Street, P.O. Box 691
Baltic, CT 06330 USA

Part A: To be Completed by Person Submitting Funds

Name: _____

Date: _____

Amount to Deposit: \$ _____

Description of Event:
(ex., Spaghetti Supper)

Date of event:

Amount of Cash to Deposit: \$ _____

Amount of Checks to Deposit: \$ _____

Total Amount Deposited: \$ _____

Breakdown of Gross Profits for Event:

Itemized Breakdown each component
Of Event: (ex., Raffle tickets)

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
Total Profits:	\$ _____

Breakdown of Expenses for Event:

Itemized Breakdown each component
Of Event: (ex., cost of raffle tickets)

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
Total Expenses:	\$ _____

Part B: To be Completed by Treasurer or Authorized Person

Funds for Deposit:

Total Profits: \$ _____
Minus Total Expenses: \$ _____
For Deposit: \$ _____

Signature of Person Submitting Funds

Print Name

Signature of Treasurer / Authorized Person

Part C: Deposit to Accounts by Treasurer or Authorized Person

Deposit to Account (Name): _____ \$ _____
Deposit to Account (Name): _____ \$ _____
Deposit to Account (Name): _____ \$ _____
Deposit to Account (Name): _____ \$ _____
Total of Deposits: \$ _____

Signature of Depositor Date